

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

| |
|------------------|
| ACCOUNT BILLED |
| CLARIDGE, REX C. |

| |
|---------------------|
| PROJECT NAME |
| BLOWOUT/FIRSTCHANCE |

| |
|------------|
| PROJECT ID |
| S230039 |

| | | |
|------------|------------|------------|
| DUE DATE | ANNUAL FEE | AMOUNT DUE |
| 07/27/2001 | \$ 100 | \$ 100 |

| |
|-----------------------------|
| TAX ID OR SOCIAL SECURITY # |
|-----------------------------|

| |
|--|
| <input type="checkbox"/> FEE NOT ENCLOSED |
| Permittee requests an inspection to close out this permit. |

| | |
|-------------------|-------|
| Change of Address | |
| Contact | _____ |
| Address | _____ |
| _____ | _____ |
| _____ | _____ |
| State | Zip |
| Phone | _____ |

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Please make check payable to:
Division of Oil, Gas and Mining